

Inmate Name: MORGAN, RONNIE  
 Date of Birth: 04/30/1959  
 Encounter Date: 03/22/2021 14:30

Sex: M Race: AMERICAN  
 Provider: Rogers, A. PT, DPT, GCS  
 Reg #: 20126-057  
 Facility: BUT  
 Unit: F01

## OBJECTIVE:

### Comments

Lumbar ROM: Flexion decreased by 50%, Extension decreased by 50%, Rotation= L decreased 75% (R side back pain) and R decreased by 85%, Side bending= Bil reaches hand to 2-3 finger widths from knee length (R Side Bending pt has to lift L foot off the ground).

Posture: Flat lumbar spine, poor spinal recruitment with movement, L foot in supination (medial heel does not touch the floor), L lower leg in varus.

Pelvic alignment: (standing) L Anterior and Posterior Superior Iliac Spine (ASIS/PSIS)

+ Left LLD in supine. L LE= 82 cm and R LE= 85 cm (about 1, 1/4" shorter on L)

Bil LE Active ROM: WNL except L knee flexion to about 100-115 degrees.

Tender with palpation at paraspinals T11-L5. Pain most prominent at T11-12 and L4-5. Muscle Trigger Points noted.

Treatment: issued second off the shelf heel lift for pt to modify and combine with existing heel lift. Instructed in exercises (twice a day): supine trunk rotation (4x15 second holds, then 10x's quicker repetitions) and posterior pelvic tilt (10x's 5 second holds).

Thoracic/Lumbar X-rays (02/19/21):

Mild scoliosis Right Apex thoracic spine, Left Apex lumbar spine. Lumbar spine with multi-level degeneration, spondylosis, and mild degenerative disc disease. Facet arthropathy in lumbrosacral junction.

## ASSESSMENT:

M/S Impairment Assoc w/ Spinal Disorders

Pt h/o an ATV accident in 1989 and gall bladder removal surgery in September 2020 leading to chronic and sub-acute pain in the back worse on right side wrapping around to R lower abdomen, and L lower leg to include the knee, lateral aspect, and calf muscle. Pt demonstrates limitation in back motion and vertebral recruitment. Palpable and observable scoliotic mal-alignments noted in the thoracic/lumbar spine, R side pelvis elevation, L lower leg varus, L foot supination, and limited L knee flexion. Pt will benefit with starting with gentle back and pelvis stretching as well as mobility exercises and progressing to core stabilization. A heel lift on the left of adequate height will probably help to decrease chronic pain in multiple joints. Will have pt use a TENS unit for a trial to help with paraspinal pain. Pt appears receptive to the plan and presents as a fair to good candidate for rehab.

## PLAN:

Schedule:

Activity	Date Scheduled	Scheduled Provider
----------	----------------	--------------------

Rehab Treatment	03/26/2021 09:30	Phys Therapist 04
-----------------	------------------	-------------------

Pt with h/o chronic back pain mainly R side with x-ray revealing scoliosis. Pt with L LLD and lower leg varus with foot supination.

F/u to check tolerance of posterior pelvic tilts and supine trunk rotation. Issue and instruct in use of TENS unit.

Rehab Treatment	04/09/2021 09:30	Phys Therapist 04
-----------------	------------------	-------------------

Pt with h/o chronic back pain mainly R side with x-ray revealing scoliosis. Pt with L LLD and lower leg varus with foot supination.

Check heel lift tolerance if issued. Exercise progression.

Rehab Treatment	04/23/2021 09:30	Phys Therapist 04
-----------------	------------------	-------------------

Pt with h/o chronic back pain mainly R side with x-ray revealing scoliosis. Pt with L LLD and lower leg varus with

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: MORGAN, RONNIE  
Date of Birth: 04/30/1959  
Encounter Date: 06/11/2021 15:15

Sex: M Race: AMERICAN  
Provider: Rogers, A. PT, DPT, GCS

Reg #: 20126-057  
Facility: BUT  
Unit: F01

Physical Therapy - Follow up Visit encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Rogers, A. PT, DPT, GCS

Chief Complaint: Pain

Subjective: Pt h/o an ATV accident in 1989 and gall bladder removal surgery in September 2020 leading to chronic and sub-acute pain in the back worse on right side wrapping around to R lower abdomen, and L lower leg to include the knee, lateral aspect, and calf muscle. Pt was sent to the outside hospital emergently on 04/26/21 due to potential appendicitis. Per chart review and pt, he was told that all R side abdominal organs were fine and that it was muscle spasms. Pt was in quarantine upon return to the FPC and PT f/u was delayed until release back into the general population. Pt was issued his custom L insole with heel lift while in quarantine. This visit pt notes that it is fitting well after taking off both removable 1/8" heel lifts. Pt notes that it has helped with his hip pain and currently no c/o L lower leg pain. Pt notes that he continues to have abdominal pain rated as 0/10 now. Pt takes Naprosyn to help manage his pain as needed. Pt rates his R upper to mid lumbar achy pain as 2/10 and worse with prolonged sitting. Per pt, he has been doing his exercises/stretching every other day. Pt reports receiving a better mattress which also helped some. Pt continues to use his TENS unit periodically which helps for temporarily relief of pain. Pt continues to work in food service doing veggie prep.

PMH: Hyperlipidemia, gout, unequal leg length, and Low Back Pain

Pain: Yes

**Pain Assessment**

Date: 06/11/2021 15:15  
Location: Back-Lower  
Quality of Pain: Aching  
Pain Scale: 2  
Intervention: therapeutic exercise progression  
Trauma Date/Year:  
Injury:  
Mechanism:  
Onset: 5+ Years  
Duration: 2-6 Months  
Exacerbating Factors: prolonged sitting  
Relieving Factors: Has better mattress, TENS unit, rehab exercises.  
Reason Not Done:  
Comments:

**OBJECTIVE:**

**Comments**

Positive tenderness with palpation at R side lumbar paraspinals at L1-L3.

Reviewed exercises: posterior pelvic tilt, supine trunk rotation, and seated hamstring stretch to be completed twice daily 4x15-30 second holds.